

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH40241  
State File No. ....

BIRTH NO. ....		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5382		Registrar's No. 87	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Doss Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Doss Mo. 0331			
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) Rural 1 Doss, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) Maloy		b. (Middle) Larkin		c. (Last) Miner	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 9, 1867	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Valley Mines, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isiah Larkin		13b. MOTHER'S MAIDEN NAME Ruth Turley		14. NAME OF HUSBAND OR WIFE John Ellis Miner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rufus Halbrook Doss, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marasmus and Severe Anemia				INTERVAL BETWEEN ONSET AND DEATH  15 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-20-50, 19__, to 12-8-50, 19__, that I last saw the deceased alive on 12-8-50, 19__, and that death occurred at 9:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph P. Doss D.O.				23b. ADDRESS Salem, Missouri		23c. DATE SIGNED 12-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 19, 1950		24c. NAME OF CEMETERY OR CREMATORY Miner Cemetery		24d. LOCATION (City, town, or county) (State) Dent County, Mo.	
DATE REC'D BY LOCAL REG. 12-19-50		REGISTRAR'S SIGNATURE M. M. Hart, M.D.		FUNDING DIRECTOR'S SIGNATURE 83		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 26 1950

RECEIVED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

*Marshall C. Blackwell*

Licensed Embalmer No. 4713

P. O. Address Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.